

LICENSE APPLICATION— 1-YEAR ADMINISTRATOR LICENSE

PI-1602-AD1 (Rev. 3-05)

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This form is available at: www.dpi.state.wi.us/dlsis/tel/applications.html

FOR INFORMATION CONTACT:

Telephone No. (608) 266-1027

Voice Mail No. 1-800-266-1027

Web Site www.dpi.state.wi.us/dlsis/tel

We do not accept applications by FAX.

WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP.

- ◆ Use this PI-1602-AD1 application only if you are applying for or renewing a 1-year administrator license. The license is requested by an employing school board on behalf of a candidate who is currently enrolled in a state-approved program leading to administrative licensure (superintendent, principal, school business administrator, director of instruction, director of special education and pupil services, reading specialist, local vocational educational coordinator, library media supervisor, or instructional technology coordinator). *To request a 1-year extension of a 5-year administrator license, use the PI-1602-5R form.*
- ◆ Send PI-1612 Institutional Endorsement and PI-1613 Experience Verification forms to institutions and employers if required. All administrator licenses, except business administrator, require eligibility to hold a Wisconsin teaching or pupil services license. If you do not hold a Wisconsin teaching or pupil services license, DPI must determine eligibility for that licensure, based on your PI-1612 and PI-1613 forms, before issuing a 1-year administrator license. **Out-of-State Applicants:** If you also wish to be licensed in Wisconsin for teaching or pupil services you must submit a separate PI-1602-OS (Out-of-State) license application and additional \$150 fee with this application. Forms are available at: www.dpi.state.wi.us/dlsis/tel/applications.html.
- ◆ Type or print legibly in black or blue ink. Do not submit “back-to-back” photocopies since pages of the application are separated for processing. **Keep a copy of the entire application including all documentation** since no documents can be returned to you.
- ◆ Mail your application including Conduct and Competency Review and fingerprint cards (if required) in one complete submission.
- ◆ Verify the date your application was received at DPI by checking the license database: www.dpi.state.wi.us/dlsis/tel/lisearch.html

LICENSE APPLICATION INSTRUCTIONS

I. Applicant Information: Fill in all boxes. Primary phone is the number to contact you from 8 a.m. to 4 p.m. Central Standard Time.

II. Prerequisite Education and Experience: **A. Applicant Verification:** Sign this section affirming you understand the requirements and conditions under which the 1-year administrator license is issued. **B. Education Verification:** If you do not hold a Wisconsin teaching or pupil services license, send a PI-1612 Institutional Endorsement form to the college or university where you completed your initial educator preparation program. **C. Experience Verification:** Send a PI-1613 Experience Verification form to each education employer to verify three years of full time teaching experience or three years experience as a school psychologist, counselor, or social worker **that includes at least 540 hours of successful classroom teaching experience.**

III. School Board Request: Fill in all boxes, check the administrative license requested, and sign the request. Attach a program plan and letter from the approved program to verify the applicant's enrollment and a plan to complete the program within two years of the first license issue date.

PAYMENT INSTRUCTIONS

Fee payment (\$100) must be mailed with your application. Since the fee covers the cost of license application review/processing, **NO REFUNDS WILL BE MADE**, regardless of whether or not a license is issued. Application fee is subject to change without notice.

CHECK OR MONEY ORDER: Make payable for **\$100** to: **Dept. of Public Instruction**. Do not mail this page (page 1) if paying by check or money order. **Attach check/money order securely to the front of page 2 (page containing applicant information).**

CREDIT CARD: MasterCard or VISA only (no debit cards). Fill in account information below and sign. This payment page must have an original signature and will be retained by our bank. This page is not forwarded to our licensing staff, so be sure the reverse side does not contain any information needed to process the application. **Attach this page on top of other materials before mailing.**

Account Number

—

—

—

MasterCard

VISA

Expiration Date

—

Month


Year

Amount

\$100

Print or Type Cardholder Name

Signature



MAILING INSTRUCTIONS (Do not FAX.)

All application materials and payment must be mailed (regular 1st class U.S. mail only) to DPI's bank for payment processing before the application can be reviewed. The bank then courier's application materials to Madison for processing by licensing consultants. Do not mail or fax applications to DPI's Madison office. **Mail the entire application packet (Payment, Application Form, Conduct and Competency Review) To: DPI Teacher Licensing, Drawer 794, Milwaukee, WI 53293-0794**



Wisconsin Department of Public Instruction

**LICENSE APPLICATION—
1-YEAR ADMINISTRATOR LICENSE**

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Telephone No. (608) 266-1027

Voice Mail No. 1-800-266-1027

Web Site www.dpi.state.wi.us/dlsis/tel**DO NOT FAX THE APPLICATION.****I. APPLICANT INFORMATION**

Legal Name <i>First</i>		<i>Middle</i>	<i>Last</i>	
Previous Name(s)			Social Security Number**	Date of Birth <i>Mo./Day/Yr.</i>
Address				P.O. Box
City			State	Zip Code Zip Plus 4 digits
Primary Telephone (<i>include area code</i>)		Ext.	Alternate Telephone (<i>include area code</i>) Ext.	
E-mail Address				
Current District of Employment		<input type="checkbox"/> Not currently under contract	Most Recent Wisconsin Education License <i>Issue Year</i> <i>Expire Year</i>	

II. PREREQUISITE EDUCATION AND EXPERIENCE**A. APPLICANT'S VERIFICATION:** (*All applicants, including school business administrators and those applying for renewal, must read and sign.*)

I UNDERSTAND that a 1-year administrator license may be renewed one time only. The license must be requested by the employing school board and I must provide satisfactory evidence from a state-approved program that I can complete the program by August 31st of the year the second 1-year license expires.

I UNDERSTAND that if I do not currently hold a Wisconsin teaching or pupil services license and I am applying for any administrative license other than school business administrator, I must complete Sections B and C and verify three years of full-time teaching or three years of full-time pupil services experience which includes at least 540 hours of successful classroom teaching experience.

Signature of Applicant	Date Signed <i>Mo./Day/Year</i>
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B. POST SECONDARY EDUCATION AND INSTITUTIONAL ENDORSEMENT: (*First time 1-year administrator applicants who do not hold a Wisconsin teaching or pupil services license (except school business administrator applicants) must complete this section.*)

List each college or university where you earned a degree or completed an educator licensing program. Attach additional 8 ½ x 11 page if needed. Send a PI-1612 Institutional Endorsement form (with Part 1 completed) to each. Institutions will complete the form and forward it to DPI.

Institution	Location (City, State)	Indicate Status of PI-1612 Form	
		<input type="checkbox"/> Sent to Institution	<input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Institution	<input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Institution	<input type="checkbox"/> Enclosed

C. EXPERIENCE VERIFICATION: (*All first time 1-year administrator applicants, except business administrator applicants, must complete.*)

List each district or other education agency where you have been employed as an educator. Attach additional 8 ½ x 11 page if needed. Send a PI-1613 Employment Verification form (with applicant information completed) to each. The employer should complete the form and forward it to DPI.

Employer	Location (City, State)	Indicate Status of PI-1613 Form	
		<input type="checkbox"/> Sent to Employer	<input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Employer	<input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Employer	<input type="checkbox"/> Enclosed

IMPORTANT: If your experience requirement has been met by three years of pupil services experience, **you must also include a letter from your employer(s) verifying that your experience includes at least 540 hours of successful classroom teaching experience.**


Status of Letter confirming 540 hours of classroom teaching experience: ☐ Enclosed ☐ Will be sent separately ☐ Not applicable

Applicant must also complete and sign the attached Conduct and Competency Review Form (PI-1602-A)

For DPI Use Only	For Bank Use Only
	Amount of Remittance \$100
	Date Stamp

** Collection of social security number is a requirement of s.118.19(1m) and 1(r). It is used solely for validation purposes and will not be released without written permission.

III. SCHOOL BOARD REQUEST

School District Requesting 1-Year Administrator License		Telephone Area/No.		CESA Code	LEA Code
School District Mailing Address <i>Street or P.O. Box</i>		City		Zip Code	
Request is for: <input type="checkbox"/> First 1-Year license <input type="checkbox"/> Second 1-Year license		Administrator License Requested: Check all that are applicable. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> 03 Superintendent</div> <div style="width: 33%;"><input type="checkbox"/> 08 School Business Administrator</div> <div style="width: 33%;"><input type="checkbox"/> 10 Director of Instruction</div> <div style="width: 33%;"><input type="checkbox"/> 51 Principal</div> <div style="width: 33%;"><input type="checkbox"/> 65 Loc. Voc. Ed. Coordinator</div> <div style="width: 33%;"><input type="checkbox"/> 80 Director of Spec. Educ./Pupil Services</div> <div style="width: 33%;"><input type="checkbox"/> 91 Library Media Supv.</div> <div style="width: 33%;"><input type="checkbox"/> 92 Instr. Technology Coordinator</div> <div style="width: 33%;"><input type="checkbox"/> 17 Reading Specialist</div> </div>			
License Begin Date <i>Mo./Day/Yr. (Date Hired)</i>		Employee Name <i>First, Middle, Last</i>		Social Security Number**	
<i>Attached is a plan from a state-approved educator preparation program which confirms that the applicant can complete the program by August 31 of the year the second 1-year license expires.</i>					
School Board Member Signature 				Date Signed <i>Mo./Day/Year</i>	

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**CONDUCT AND COMPETENCY REVIEW**

PI-1602-A (Rev. 3-03)

Page 1

Application forms are available at: www.dpi.state.wi.us/dlsis/tel/applications.html**ANSWER ALL QUESTIONS**

1. This form **must** be completed and included with your licensing application. Failure to complete this form will delay the processing of your application.
2. **Your signature on this form must be notarized. Most schools have a notary public on staff.**

For purposes of this application, "teaching" applies to all licensed school personnel which includes, but is not limited to, classroom teachers, counselors, social workers, psychologists, administrators, school library media specialists, substitute teachers, special education aides, etc.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR* <small>Previously Reported</small>	1. Have you ever been disciplined for alleged misconduct in the course of any employment or as a member of any licensed or regulated profession, including but not limited to verbal, physical, or sexual abuse or harassment?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	2. Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged (check any which apply) <input type="checkbox"/> immoral conduct or <input type="checkbox"/> incompetence <i>Definitions on next page.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	3. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	4. Is disciplinary action of your educationally related license or employment currently pending in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	5. Have you ever been convicted of violating any civil law, local ordinance, state law, or federal law for actions involving sexual conduct, physical abuse of a child, and/or contributing to the delinquency of a child?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	6. Have you ever been convicted of any criminal offense (including <i>criminal</i> traffic matters, not general traffic violations) in any jurisdiction? (check any which apply) <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	7. Have you ever participated in a deferred prosecution program resulting from a criminal investigation?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	8. Are you currently on probation in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	9. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct or harm or threat of harm to another, for reasons of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	10. Is any criminal charge or investigation pending against you in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	11. Have you (or a school district where you worked) ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation concerning your conduct as an educator or in an educationally related position?
12. Carefully read item number 2 of the instructions on the following page to determine whether or not you are required to submit fingerprint cards with your license application. Check the appropriate box(es) below to indicate your response. <input type="checkbox"/> I am required to submit fingerprint cards with my application. Indicate status of cards below. <input type="checkbox"/> Completed cards are enclosed OR <input type="checkbox"/> Cards will be submitted separately. <input type="checkbox"/> I am not required to submit fingerprint cards with my application. I understand that I may be required to supply proof that cards are not required at this time.	
For any "Yes" response to questions 1-11, attach a written 8½" x 11" explanation. Submit certified copies of any criminal complaint and if convicted, a copy of the criminal judgment. Also, submit any other relevant court documents pertinent to any of the questions raised.	

*If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of Yes on this application **if no further conviction(s) has occurred.**

IMPORTANT: You must respond to ALL questions 1-12.

UNDER OATH , I swear that all information on this form and the accompanying license application and documentation are true to the best of my knowledge. Any false statements may result in denial, revocation, or suspension of license. I HEREBY AUTHORIZE any of my previous employers, law enforcement agencies, and the courts to release, to the Wisconsin Department of Public Instruction, information which pertains to my responses to questions on this form.	
Name <i>Print or type</i>	Sworn and signed before me this ____ day of _____ in the year _____.
Signature (<i>Sign in blue or black ink, in presence of a Notary Public</i>) ➤	_____ Notary Public, _____
Social Security No.**	My commission expires on _____

**Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.

**INSTRUCTIONS AND DEFINITIONS
CONDUCT AND COMPETENCY REVIEW FORM (PI-1602-A)**

The Conduct and Competency Review Form is a screening method to protect children. While the vast majority of educators are not a danger to the safety and education of our children, there are exceptions to the rule. Some people use the profession to have access to children and to prey upon them. Because of these people, the department must investigate the backgrounds of all license applicants. The questions contained in the conduct and competency review form have been developed to alert the department to cases that warrant further investigation. A “yes” answer to a question or an arrest record **does not** automatically make you ineligible for licensure. Each situation is investigated independently and the final decision is made on a case-by-case basis. Your cooperation in protecting our children is greatly appreciated.

1. **Respond to all questions.** We cannot issue a license unless all questions are answered. Use black or blue ink only. *Submitting a fully and correctly completed form with notarized signature will speed processing of your application.*
2. **Fingerprint Cards:** Read **ALL** the criteria below carefully. Determine whether fingerprint cards are required in your situation and indicate your response in item 12 of the Conduct and Competency Review. (If fingerprinting is required, your prints must be prepared on cards obtained directly from the Department of Public Instruction.)

- If you have worked, resided, or attended college in a state other than Wisconsin, a listed territory (American Samoa, Guam, Puerto Rico, Commonwealth of the Northern Mariana Islands, or Virgin Islands), Canada, or Great Britain in the last twenty years after age 17, **you must submit fingerprint cards** with your license application.
- Even if you previously submitted fingerprint cards to the Department of Public Instruction **you must submit fingerprint cards again if, since the previous submission, you have worked, resided, or attended college in any of the locations listed above.** (If you previously submitted cards that met approved FBI/CIB standards *and* have not worked, resided, or attended college in any of the locations above since submitting your cards to DPI, then new cards are not required.)
- If your license application contains a non-Wisconsin mailing address, you must submit fingerprint cards unless the following exception applies. If you have never worked, resided, or attended college in a state other than Wisconsin, a U.S. territory listed above, Canada, or Great Britain you are not required to submit fingerprint cards.

How to Obtain Fingerprint Cards: To request cards and instructions from DPI, call 1-800-266-1027 or send an e-mail request to tcert@dpi.state.wi.us. Be sure to include your complete mailing address in your request. You will be sent a Federal Bureau of Investigation (FBI) card and a Wisconsin Crime Information Bureau (CIB) card which are preprinted with DPI's code. Your prints must be prepared, by a law enforcement official, on the two cards provided by DPI.

NOTE: Incomplete, or incorrectly prepared cards, will be returned to you for resubmission until they are prepared as specified in the instructions provided. See www.dpi.state.wi.us/dlsis/tel/fphelp.html for instructions on completing the cards correctly, information about fingerprinting services, and an e-mail link for requesting cards from DPI.

3. **Notarization Requirement:** Your signature on the Conduct and Competency form must be notarized. Notary Publics are available at schools, banks, and post offices. Other options include a clerk or deputy clerk of a court of record, a court commissioner, a register or deputy register of deeds, a judge, or a county or deputy county clerk. For more information about notarization see Frequently Asked Questions about notarization at: www.dpi.state.wi.us/dlsis/tel/notary.html.

Definitions

“Immoral Conduct” means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare, or education of any pupil. (Sec. 115.31(1)(c), Wis. Stats.)

“Incompetence” means a pattern of inadequate performance of duties or the lack of ability, legal qualifications or fitness to discharge required duties, and which endangers the health, welfare, safety or education of any pupil. (PI 34.35(1)(d), Wis. Admin. Code)

Reminders

Issuance or renewal of any license or permit by DPI is conditional upon the receipt of a satisfactory background investigation. (Sec. 118.19(10)(e), Wis. Stats.)

All information received from the Federal Bureau of Investigation and the Wisconsin Department of Justice as part of a background check, remains confidential. (Sec. 118.19(10)(f), Wis. Stats.)

You will be notified only if the department determines that the result of the background investigation is unsatisfactory.



I. APPLICANT INFORMATION *Complete and Forward To Institution*

Legal Name <i>First</i>	<i>Middle Init.</i>	<i>Last</i>	Social Security No.*
Address <i>Street, Box, City, State, Zip</i>			Telephone <i>Area/No.</i>
Name and Location of Institution		Degree Earned	Date of Graduation <i>Mo./Year</i>
License(s) Requested			

II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES *Complete and Return to DPI*

1. Did the applicant complete your institution's state-approved program leading to educator licensing?

☐ YES, Applicant completed program on: _____ (Mo./Yr.)

Identify below Educator License(s) for which applicant qualifies in your state.

License Area	Subject/Category and/or Position	Grade/Development Level
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Pupil Services		
<input type="checkbox"/> Administrator		

☐ NO, *Explain:*

2. The above license(s) are recommended based on completion of a:

☐ Broad Field Major in: _____ with concentration(s) in _____

☐ Major in: _____

☐ Minor in: _____

3. Supervised Field Experiences (complete a and b, or c):

a. Applicant completed a pre-student teaching practicum(s) in: _____ (Subjects/Grades)

b. Applicant completed student teaching in _____ (Subjects/Grades)
for _____ Weeks in an: ☐ Elementary School ☐ Middle School ☐ High School ☐ Other Setting

c. Applicant completed a graduate practicum?

☐ Yes, *Position and Level:* _____ ☐ No

4. Testing — Did the applicant meet your state's passing scores on a:

a. Basic skills test in reading (R), writing (W), and math (M)?

☐ Yes, Test Name(s) and Year: _____ ☐ No ☐ Test Not Required

Scores R= _____ W= _____ M= _____

b. Standardized content test in all areas of licensure listed in question 1 above?

☐ Yes, Test Name(s) and Year: _____ ☐ No ☐ Test Not Required

Scores _____

I, THE CERTIFYING OFFICER, CONFIRM that the education and testing information provided above is accurate and that the applicant is eligible for licensure in our state on the basis of having completed our state-approved program:

Signature of Certifying Officer ➤	Name <i>Type or Print Legibly</i>	Date Signed <i>Mo./Day/Yr</i>
Institution Name	City/State	Telephone <i>Area/No.</i>



INSTRUCTIONS TO EMPLOYER: Complete and return to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
TEACHER LICENSING
P.O. BOX 7841
MADISON, WI 53707-7841**

FAX Number: (608) 264-9558

Website: www.dpi.state.wi.us/dlsis/tel

This form is available at
www.dpi.state.wi.us/dlsis/tel/pdf/pi1613.pdf

To the Applicant:

Please complete the top part of the form and forward it to your employer (District Administrator or Personnel Director) for verification.

APPLICANT INFORMATION
Complete and Forward to District

Name—Last	First	Middle	Other	Social Security Number*
Name of Employing School District / Agency				Location of Employment
Position Held				Employment Dates From <i>Month/Year</i> To <i>Month/Year</i>

VERIFICATION BY EMPLOYER

To the Employer:

Please check your records and provide the requested information to verify that the above applicant has had successful employment. List any exceptions or limitations in the space provided below. ***Complete and mail or fax to DPI.***

Applicant's Position <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Other <i>Specify</i> _____	Grades Taught <i>If applicable</i>
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If assigned to teach in a departmentalized elementary or secondary school:

Subjects Taught (Be Specific)	Dates (Month/Year)	
	From	To
	From	To
	From	To
	From	To

Exceptions, Limitations or Other Comments

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate and the above mentioned educational employment was successful.

Name of School District or Employer

Signature of Employer 	Date Signed
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Title	Employer Telephone <i>Area Code/No.</i>
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*Collection of Social Security number is voluntary and is used solely for validation purposes and will not be released without written permission.

Employer—Please return this form to DPI—Teacher Licensing.